Image# 14961198278 PAGE 1 / 16

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

								Office Us	e Only	
1.	NAME OF COMMITTEE (in full)	TYPE OR F	PRINT ▼		mple: If typir r the lines.	ng, type	12FE4M	15		
N	Mississippi Conservativ	es .								1
L										
AD	DRESS (number and street)	PO Box 2	096							
ř	Check if different									
ŀ	than previously reported. (ACC)	Jackson					MS	39225		
2.	FEC IDENTIFICATION NU	MBER ▼		CITY▲		5	STATE A		ZIP COD	DE ▲
	C C00554774		3	. IS THIS REPORT		NEW N) OR		AMENDED A)		
4.	TYPE OF REPORT (Choose One)	(b) Mon Repo	ort	Feb 20 (M2)		May 20 (M5)	Au	ıg 20 (M8)		Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Reports:	Due	On:	Mar 20 (M3)		Jun 20 (M6)	Se	ep 20 (M9)		Dec 20 (M12) (Non-Election Year Only)
	April 15			Apr 20 (M4)		Jul 20 (M7)	Od	et 20 (M10)		Jan 31 (YE)
	Quarterly Report (Q	(c)	12-Day	×	Primary (12P	P)	Genera	al (12G)	П	Runoff (12R)
	July 15 Quarterly Report (Q2	2)	PRE-Election	_ =		-	4			
	October 15 Quarterly Report (QC	3/	Report for the	e:	Convention (120)	Specia	1 (125)		
	January 31 Year-End Report (YE		Ele	ection on	06 /	03	2014	Y	in the State of	MS
	July 31 Mid-Year Report (Non-election Year Only) (MY)	(d)	30-Day POST-Election		General (300	G)	Runoff	(30R)		Special (30S)
	Termination Report (TER)		Report for the	e:	M = M /	D D /	Y = Y = Y =	Υ	in the	
	,		Ele	ection on					State of	
5.	Covering Period 04	01	20	14	through	M M M	/ D D D 14	201	4	
l c	ertify that I have examined this	s Report a	nd to the bes	at of my kno	wledge and b	pelief it is tru	e, correct a	ind complet	e.	
	pe or Print Name of Treasurer	-								
Sig	nature of Treasurer Mr. Br	rian Perry			[Electronically	v Filed] D	ate 05	M / D 21	D / \	2014
NO	TE: Submission of false, errone	ous, or inco	omplete inform	ation may si	ubject the pers	son sianina th	is Report to	the penaltie	es of 2 U	.S.C. §437a.
	Office Office	1 2, 2130	,		, por	39 (1)	1,5.1.10			
	Use Only								FORM ev. 12/200	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Mississippi Conservatives 04 2014 05 2014 Report Covering the Period: 14 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 0.00 January 1, 2014 (b) Cash on Hand at 29662.85 Beginning of Reporting Period..... 882143.00 164150.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 193812.85 882143.00 6(a) and 6(c) for Column B)..... 61212.83 749542.98 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 132600.02 132600.02 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 220150.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Mississippi Conservative	es
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port Covering the Period: From: 04	01 2014 To	
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
· /		
(i) Itemized (use Schedule A)	164050.00	625950.00
(ii) Unitemized(iii) TOTAL (add	100.00	300.00
Lines 11(a)(i) and (ii)▶	164150.00	626250.00
. ,	0.00	0.00
(such as PACs)	0.00	5693.00
Totals to Line 33, page 5)▶	164150.00	631943.00
	0.00	0.00
All Loans Received	0.00	250150.00
Loan Repayments Received	0.00	0.00
· · · · · · · · · · · · · · · · · · ·	0.00	0.00
Refunds of Contributions Made		
	0.00	0.00
·	0.00	50.00
	0.00	30.00
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating		
	Expenditures	20560.00	97259.51
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	20560.00	97259.51
22.	Transfers to Affiliated/Other Party		
2	CommitteesContributions to	0.00	0.00
	Federal Candidates/Committees and Other Political Committees	0.00	0.00
24.	Independent Expenditures	30652.83	622283.47
25.	(use Schedule E)	55552.55	022200.41
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	10000.00	30000.00
27	Loans Made	0.00	0.00
28.	Refunds of Contributions To: (a) Individuals/Persons Other		
	Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		0.00
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c)) ▶	0.00	0.00
29.	Other Disbursements	0.00	0.00
20	Federal Election Activity (2 U.S.C. §431(20))		
JU.	(a) Allocated Federal Election Activity		
	(from Schedule H6)		2.00
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	200	0.00
	With Federal Funds	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	61212.83	749542.98
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	61212.92	749542.98
	from Line 31)	61212.83	149042.90

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	164150.00	631943.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	164150.00	631943.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	20560.00	97259.51
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	20560.00	97259.51

FOR LINE NUMBER: **PAGE** 6 OF 16 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Mississippi Conservatives Full Name (Last, First, Middle Initial) Mr. Harold Clarke Date of Receipt Mailing Address 501 Academy Road 04 01 2014 City Zip Code State Transaction ID: SA11AI.4302 MS Starkville 39759 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Contribution Name of Employer Occupation Vice President CC Clark Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Charles Feltus Date of Receipt Mailing Address 22 Hawthorne Place 04 01 2014 City State Zip Code Transaction ID: SA11AI.4301 MS Natchez 39120 Amount of Each Receipt this Period FEC ID number of contributing 2000.00 federal political committee. Contribution Name of Employer Occupation Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Sam Haskell Date of Receipt Mailing Address 415 Park Dr 2014 04 11 City Zip Code State Transaction ID: SA11AI.4304 MS Oxford 38655 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Contribution Name of Employer Occupation William Morris Agency Agent Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 3250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

	F	FOR LINE NUMBER: PAGE 7 OF									16	;
Use separate schedule(s) for each category of the	(c	he	ck only	or	ne)							
Detailed Summary Page		×	11a		11b		11c		12	!		
., .,			13		14		15		16	;	17	7

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Mississippi Conservatives Full Name (Last, First, Middle Initial) Mr. Chris Henick Date of Receipt Mailing Address 4201 Yuma St. NW 04 2014 29 City State Zip Code Transaction ID: SA11AI.4306 DC 20001 Washington Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Contribution Name of Employer Occupation Self-Employed Consultant Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. ISO Panels, Inc. Date of Receipt Mailing Address PO Box 1639 04 15 2014 City State Zip Code Transaction ID: SA11AI.4311 MS Jackson 39215 Amount of Each Receipt this Period FEC ID number of contributing C 7500.00 federal political committee. Contribution Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 7500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Magnolia Marine Transport Date of Receipt Mailing Address PO Box 1639 2014 04 15 City State Zip Code Transaction ID: SA11AI.4310 MS Jackson 39215 Amount of Each Receipt this Period FEC ID number of contributing 10000.00 С federal political committee. Contribution Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 10000.00 Other (specify) 17750.00 SUBTOTAL of Receipts This Page (optional).....

9

TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: **PAGE** 8 Use separate schedule(s) (check only one) X 11a 11b 11c

OF

16

for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Mississippi Conservatives Full Name (Last, First, Middle Initial) Mr. Michael McNitt Date of Receipt Mailing Address 9429 SW 47th Lane 04 2014 City State Zip Code Transaction ID: SA11AI.4305 FL Gainesville 32608 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Contribution Name of Employer Occupation CEO Cabrillo Coastal Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. W.D. Mounger Date of Receipt Mailing Address 4450 Old Canton Rd. Ste. 203 04 2014 11 City State Zip Code Transaction ID: SA11AI.4292 MS Jackson 39211 Amount of Each Receipt this Period FEC ID number of contributing 25000.00 federal political committee. Contribution Name of Employer Occupation Self-Employed Oil & Gas Investor Receipt For: Aggregate Year-to-Date ▼ Primary General 50000.00 Other (specify) Full Name (Last, First, Middle Initial) C. Hon. John Palmer Date of Receipt Mailing Address PO Box 3747 2014 04 01 Zip Code City State Transaction ID: SA11AI.4303 MS Jackson 39225 Amount of Each Receipt this Period FEC ID number of contributing 10000.00 С federal political committee. Contribution Name of Employer Occupation Self-Employed Investor Receipt For: Aggregate Year-to-Date ▼ Primary General 10000.00 Other (specify) 35300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: **PAGE** 9 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

16

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Mississippi Conservatives Full Name (Last, First, Middle Initial) Paragon Technical Services Date of Receipt Mailing Address PO Box 1639 04 2014 City Zip Code State Transaction ID: SA11AI.4314 MS Jackson 39215 Amount of Each Receipt this Period FEC ID number of contributing C 7500.00 federal political committee. Contribution Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 7500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Cindy Phillips Date of Receipt Mailing Address 372 Sundial Rd 04 07 2014 City State Zip Code Transaction ID: SA11AI.4284 MS Madison 39110 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Contribution Name of Employer Occupation Homemaker Homemaker Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. U.S. Chamber of Commerce Date of Receipt Mailing Address 1615 H Street NW 05 05 2014 Zip Code City State Transaction ID: SA11AI.4312 DC Washington 20062 Amount of Each Receipt this Period FEC ID number of contributing 100000.00 С federal political committee. Contribution Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 100000.00 Other (specify) 107750.00 SUBTOTAL of Receipts This Page (optional)..... 164050.00 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)	Llea congreta achadula(a)	FOR LINE	PAGE 10 OF 16				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	X 21b	22 23	24 25 26			
[27	28a 28b	28c 29 30b			
Any information copied from such Reports and S or for commercial purposes, other than using the							
NAME OF COMMITTEE (In Full)	V 15.5.5						
Mississippi Conservatives							
Full Name (Last, First, Middle Initial)							
A. Capstone Public Affairs LLC	Date of Disbursement						
Mailing Address PO Box 2096			04	2014			
City	State Zip Code		Tanas and a 15	A - CD04D 4007			
Jackson	MS 39225		ransaction ID) : SB21B.4287			
Purpose of Disbursement Political Strategy Consulting		001	Amount of Each	Disbursement this Period			
Candidate Name		Category/		1500.00			
Mississippi Conservatives Office Sought: House Disb	ursement For: 2014	Туре	-	, , , ,			
State: District:	Primary General Other (specify)						
Full Name (Last, First, Middle Initial)							
B. Capstone Public Affairs LLC			Date of Disburse				
Mailing Address PO Box 2096	Mailing Address PO Box 2096						
City Jackson Purpose of Dishursement	State Zip Code MS 39225		Transaction ID) : SB21B.4291			
Purpose of Disbursement Political Strategy Consulting		001	Amount of Each Disbursement this Perio				
Candidate Name		Category/					
Mississippi Conservatives		Type		1500.00			
Office Sought: House Disbuter Senate President State: District:	orsement For: 2014 ☐ Primary ☐ Other (specify)						
Full Name (Last, First, Middle Initial)							
C. Hynes Communications			Date of Disburse	ement			
Mailing Address 121 Bow Street			04 / 1	7 2014			
City Portsmouth	State Zip Code ME 03801		Transaction ID) : SB21B.4286			
Purpose of Disbursement	00001						
Social Media Consulting		004	Amount of Each	Disbursement this Period			
Candidate Name		Category/		10000.00			
Mississippi Conservatives	recoment For and	Туре		1000.00			
Senate President	orsement For: 2014 Primary General Other (specify) ▼						
State: District:							
SUBTOTAL of Disbursements This Page (option	nal)	<u> </u>		13000.00			
TOTAL This Period (last page this line number	only)						

SCHEDULE B (FEC Form 3X)	110	to cobodition	1	LINE NUMBER: PAGE 11 OF 1					
ITEMIZED DISBURSEMENTS	for each ca	te schedule(s) tegory of the mmary Page	(check only 21b	22	23	24	25	26	
			27	28a	28b	28c	29	30	
Any information copied from such Reports and Si or for commercial purposes, other than using the									
NAME OF COMMITTEE (In Full)	and addition	any pomioa	. 30	3001. 0011				<u>. </u>	
Mississippi Conservatives									
Full Name (Last, First, Middle Initial)									
A. Hynes Communications			Date of	Disburse		V			
Mailing Address 121 Bow Street	Mailing Address 121 Bow Street						2014	Y	
City		Zip Code		Transs	action ID	: SB21B.43	24		
Portsmouth	ME	03801		manse	action ib	. 30210.43	£ -1		
Purpose of Disbursement Social Media Consulting			004	Amount	of Each	Disburseme	nt this P	eriod	
Candidate Name		' '	Category/				5000.0	20	
Mississippi Conservatives			Туре		7	7	3000.	00	
Office Sought: House Disbu Senate President	Primary Other (specify	General							
State: District:									
Full Name (Last, First, Middle Initial)				_					
B. McKenna Long & Aldridge LLP					Disburse				
Mailing Address 1900 K Street				04	2		2014	Y	
City		Zip Code		Trans	action ID	: SB21B.42	90		
Washington Purpose of Disbursement	DC	20006					-		
Attorney Compliance			001	Amount	of Each	Disburseme	nt this P	eriod	
Candidate Name		"	Category/				2500	00	
Mississippi Conservatives			Туре		-	7	2500.	UU	
Office Sought: House Senate President State: Disbu	Primary Other (specify	General							
Full Name (Last, First, Middle Initial)				Data of	Disburse	mont			
C. Trustmark Bank				Date of	/ D		V		
Mailing Address 190 E Capitol St.	Mailing Address 190 E Capitol St.						2014	Y .	
City		Zip Code		Transa	action ID	: SB21B.43	26		
Jackson Purpose of Disbursement	MS :	39201				-	-		
Wire Transfer Fee			001	Amount	of Each	Disburseme	nt this P	eriod	
Candidate Name							20.4	20	
Mississippi Conservatives			Category/ Type				20.0	JU	
Office Sought: House Senate President State: Disbu	Primary Other (specify	General							
oldio. District.									
SUBTOTAL of Disbursements This Page (option	al)				-,-	,	7520.0	00	
TOTAL This Period (last page this line number of	only)								
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SCHEDULE B (FEC Form 3X)	Llea conoreta astr	odulo(a)		INE NUMBER: PAGE 12 OF					
ITEMIZED DISBURSEMENTS	Use separate sche for each category Detailed Summary	of the	(check only 21b 27	one) 22 28a	23 28b	24 28c	25 29	30	
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan									
NAME OF COMMITTEE (In Full) Mississippi Conservatives	ne and address of at	ny political	committee to	SUILUIT COL	inibutions	HOIII SUCII	COMMINULE	· · ·	
/									
Full Name (Last, First, Middle Initial)				Data of	Disburse	ment			
A. Trustmark Bank			M M	/ D		Y	Y		
Mailing Address 190 E Capitol St.	Mailing Address 190 E Capitol St.						2014		
City	State Zip Cod	de		Trans	action ID	: SB21B.42	30		
Jackson Purpose of Disbursement	MS 39201			ITALIS	action ib	. 30210.42	33		
Wire Transfer Fee			001	Amount	of Each	Disburseme	nt this P	eriod	
Candidate Name			Category/		•		20	00	
Mississippi Conservatives	. =		Type		-	7	20.	JU	
9	ment For: 2014 Primary Ge Other (specify) ▼	eneral							
State: District:									
Full Name (Last, First, Middle Initial) 3. Trustmark Bank				Data of	Disburse	mont			
3. Trustmark Bank				M M			Y	V	
Mailing Address 190 E Capitol St.				05	0		2014	Y	
,	State Zip Coo	de		Trans	action ID	: SB21B.43	25		
Jackson Purpose of Disbursement	MS 39201								
Wire Transfer Fee			001	Amount	of Each	Disburseme	nt this P	eriod	
Candidate Name			Category/				20	00	
Mississippi Conservatives			Туре		7	7	20.	.00	
	nent For: 2014 Primary Ge Other (specify)	eneral							
State: District:									
Full Name (Last, First, Middle Initial)				Date of	Disburse	ment			
Mailing Address	Mailing Address						Y	Y	
City	State Zip Cod	de							
Purpose of Disbursement	Purpose of Disbursement								
Candidate Name			Category/ Type	-		Disburseme		eriod	
Office Sought: House Senate President State: Disburser		eneral					, /B)		
							40.	00	
SUBTOTAL of Disbursements This Page (optional)			······ >	<u> </u>	-		40.1	JU	
TOTAL This Period (last page this line number only))					45	20560.	00	

SCHEDULE B (FEC Form 3X)		FOR LINE	FOR LINE NUMBER: PAGE 13 OF 16					
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)					
	Detailed Summary Page	27	22 23 24 25 X 2 28a 28b 28c 29 3					
Any information copied from such Reports and State								
or for commercial purposes, other than using the na NAME OF COMMITTEE (In Full)	ame and address of any politi	cai committee to	solicit contributions from such committee.					
Mississippi Conservatives								
Full Name (Last, First, Middle Initial)								
Trustmark Bank			Date of Disbursement					
			M M / D D / Y Y Y Y					
Mailing Address 190 E Capitol St.			04 17 2014					
City	State Zip Code		Transaction ID : SB26.4289					
Jackson Purpose of Disbursement	MS 39201		1141164611611 15 1 65261 1266					
Loan Payment		009	Amount of Each Disbursement this Period					
Candidate Name		Category/	10000.00					
Mississippi Conservatives Office Sought: House Disburs	ement For: 2014	Туре	1000.00					
Senate Disputs	Primary General							
President	Other (specify) ▼							
State: District:								
Full Name (Last, First, Middle Initial) 3.			Date of Disbursement					
			M M / D D / Y Y Y					
Mailing Address								
City	State Zip Code							
Purpose of Disbursement								
Candidate Name			Amount of Each Disbursement this Period					
Canadate Name		Category/ Type						
Office Sought: House Disburs	ement For:	71						
Senate President	Primary General Other (specify) ▼							
State: District:	Other (specify)							
Full Name (Last, First, Middle Initial)								
).			Date of Disbursement					
Mailing Address			M M / D D / Y Y Y Y					
City	State Zip Code							
Diverge and A Dishausan and								
Purpose of Disbursement			Amount of Each Disbursement this Period					
Candidate Name		Category/ Type	Amount of Lacif Disbursement this Fellou					
Office Sought: House Disburse	ement For:	Туре						
Senate	Primary General							
President	Other (specify)							
State: Dietrict:								
State: District:								
State: District: SUBTOTAL of Disbursements This Page (optional)			10000.00					

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

OF 16 PAGE 14 FOR LINE 13 OF FORM 3X

	, ,
IAME OF COMMITTEE (In Full)	Transaction ID : SC/10.4227
Mississippi Conservatives	
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
Trustmark Bank	Primary
	General
Mailing Address 190 E Capitol St.	Other (specify) ▼
City Jackson State MS ZIP Co.	de ₃₉₂₀₁
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
250150.00	30000.00 220150.00
TERMS	
Date Incurred Date Due	Interest Rate Secured:
01 29 2014	2.86 % (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
State ZIF Code	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
Only State ZIF Code	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
Oldie Zii Oode	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
Oity State ZIP Code	Outstanding:
SUBTOTALS This Period This Page (optional)	≥ 220150.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TE	MIZED INDEPENDENT EXPEN	DITURES				PAGE 15 FOR LINE 24	OF 16 4 OF FORM 3X
	ME OF COMMITTEE (In Full)				FEC ID	DENTIFICATIO	N NUMBER ▼
M	lississippi Conservatives				С	C00554774	
Ch	eck if 24-hour report 48-hour	report New rep	ort Amends rep	oort filed or	n/	D	Y Y Y Y Y
	Full Name of Payee				Date of Public	c Distribution/I	Dissemination
	United States Postal Service				04	02	2014
	Mailing Address 401 E South St			A	Amount	UZ	2014
	City	State	Zip Code	— r			1405.25
	Jackson	MS	39201	Tr	ansaction ID) : SE.4224	1403.23
	Purpose of Expenditure					irsement or O	
	Postage		Category/ Type 004		04	02	2014
	Name of Federal Candidate		Support	Office S	Sought:	House [District:
	Mr. Christopher Brian McDaniel		X Oppose			Senate	State: MS
	Calendar Year-To-Date				ement For:	Primary	General
	Per Election for Office Sought		593035.89	2014	Other (sp	pecify) ▶	
	Full Name of Payee					c Distribution/	Dissemination
	Winning Edge				M M	/ D D /	Y
	Mailing Address PO Box 269				05	23	2014
	PO Box 209			1	Amount		
	City	State	Zip Code				7268.00
	Alexandria	AL	36250		ransaction IC Date of Disbu	D: SE.4270 ursement or C	bligation
	Purpose of Expenditure Mail piece		Category/ Type 004		M M M 05	01 /	2014
	Name of Federal Candidate		Support	Office S	Sought:	House I	District:
	Mr. Christopher Brian McDaniel		Support Support			Senate	State: MS
	Colonday Voca To Data		Z oppos		ement For:	> Primary	General
	Calendar Year-To-Date Per Election for Office Sought		600303.89	2014	Other (sp		General
	(a) SUBTOTAL of Itemized Independent	Expenditures		▶			8673.25
	(b) SUBTOTAL of Unitemized Independent	ent Expenditures		▶	-		
	() TOTAL						
	(c) TOTAL Independent Expenditures			▶		7	
	Under penalty of perjury I certify that the with, or at the request or suggestion of, party committee) any political party comm	any candidate or authorized					
	Mr. Brian Perry	[Electron	ically Filed]	. M M	/ D D	/ Y Y Y 201/	
	Signature	Linearon	Da	te 05	21	2014	

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES				PAGE 16 OF 16 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) Mississippi Conservatives				FEC IDENTIFICATION NUMBER ▼ C C00554774
Check if 24-hour report 48-hour report New report Amends report filed on				
T	III Name of Payee Vinning Edge			of Public Distribution/Dissemination
ŀ	Mailing Address PO Box 269		Amou	05 07 2014 unt
ŀ	City State Alexandria AL	·		21979.58 action ID : SE.4275
ŀ	Purpose of Expenditure Mail Piece	Category/ Type 004		of Disbursement or Obligation 05
	Name of Federal Candidate Mr. Christopher Brian McDaniel Calendar Year-To-Date	Support Oppose	Office Sough Preside Disbursemen	lent Senate State: MS
-	Per Election for Office Sought Full Name of Payee	622283.47	2014 C	Other (specify) ▶ of Public Distribution/Dissemination
	Mailing Address Amou City State Zip Code			unt
-	Purpose of Expenditure			of Disbursement or Obligation
-	Name of Federal Candidate	Support Oppose	Office Sough	
	Calendar Year-To-Date Per Election for Office Sought		Disbursemer	nt For: Primary General
(a) SUBTOTAL of Itemized Independent Expenditures				
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures		· ·	30652.83
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
		ically Filed] Date	9 05 /	21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature			